

On-Site COVID-19 Testing Consent Form – Parent/Guardian

Nizhoni Accelerated Academy wants students and staff to safely return to in-person learning. As such, we will be implementing a COVID-19 testing program that is convenient, non-invasive, safe, and free of charge.

Each parent or legal guardian must read and sign this form for their minor child to participate in school-based COVID-19 testing.

By signing this Consent Form, I give my consent for my child to participate in the COVID-19 testing program, and I authorize the collection of my child's nasal swab or saliva sample for the public health purposes of the program. I understand that:

- **Nizhoni Accelerated Academy, in partnership with the Johns Hopkins University Center for American Indian Health (JHCAIH) Project SafeSchools**, will provide COVID-19 testing using a lower nasal swab or saliva technique.
- The testing program will regularly occur during the school day when parents are not present.
- There are two types of tests my child may receive while at school: Pooled tests and/or individual screening tests.
 - Pooled tests do NOT provide individual results to a person. However, if a positive result is produced from a pooled test, all persons in that pool/group will be notified.
 - Individual screening tests do provide individual results. Each parent/guardian will be notified if your child's test is positive.
 - Regardless of whether my child participates in pooled tests or individual screening tests, a follow-up diagnostic test may be necessary. The local public health authority, Indian Health Service, will provide guidance in this case.
 - As with any COVID-19 test, there is the potential for incorrect (false positive or false negative) results.
- I give my permission for the test results to be shared with JHCAIH, Indian Health Service, and **Nizhoni Accelerated Academy**.
 - I understand that my child's test results will be provided to **these organizations** to allow for appropriate public health response and reporting, included as required by law to local and state public health authorities.
 - I acknowledge that JHCAIH would also like to analyze the data on testing as part of a research project to improve understanding of the benefits and challenges of COVID-19 testing in schools.
 - I understand that while JHCAIH, the testing provider and the laboratory may have access to personal information I provide for testing, my child's identity will not be shared for research purposes.
- I understand that JHCAIH and **Nizhoni Accelerated Academy** are not acting as my child's medical provider. This testing does not replace treatment by a medical provider. I assume responsibility to take appropriate action with regards to my child's test results.
- I agree that I will seek medical advice, care, and treatment from my child's medical provider as needed, and especially if my child's condition worsens.
- I understand that I can change my mind and cancel my permission for testing at any time, but such cancellation will not affect information already reported. To cancel permission for COVID-19 testing, contact **Nizhoni Accelerated Academy**.

- I understand that I can revoke permission to share data for research purposes but can still get testing for my child at school without consenting to share data for research purposes. To cancel permission to share data for research purposes but keep permission to participate in school-based COVID-19 testing, contact ***Nizhoni Accelerated Academy***.
- I understand that JHCAIH, in collaboration with the testing provider (Ginkgo Bioworks, Inc. d/b/a Concentric by Ginkgo) and laboratory (Translational Genomics Research Institute (TGen)) is researching and tracking variants to COVID-19 for epidemiological and public health purposes.

Signature

Name of Child

Date of Birth

Parent/Guardian Name *(please print clearly)*

Parent/Guardian Signature

Date

Return this Consent Form in one of three ways:

1. Email: ***RMcCabe@tcusd.org***
2. Drop it off at ***Nizhoni Accelerated Academy***
3. Mail to School

Nizhoni Accelerated Academy

P.O. Box 67

Tuba City, Arizona 86045

Attn.: RayeLynn McCabe